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AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 0170-2699		
SERIAL NUMBER: 10/071,368	FILING DATE: February 8, 2002	EXAMINER: Tuyen T. Nguyen	GROUP ART UNIT: 2832			
INVENTION: FILTER CIRCUIT HAVING AN FE-BASED CORE						
INVENTOR(s): Ryusuke Hasegawa et al.						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	6	MINUS	20	0	X \$18	0.00
INDEP. CLAIMS	3	MINUS	3	0	X \$86	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 A check for \$ 110 is submitted herewith to cover the fee for a one month time extension.</p> <p><input type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p> <p>_____ Date May 17, 2004</p> <p>_____ Signature Ernest D. Buff _____ Attorney Name 25,833 _____ Reg. Number</p> <p>_____ Phone (908) 901-0220</p>						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>May 17, 2004</u> .						
<p>_____ (Signature) Ernest D. Buff _____ Attorney of Record May 17, 2004 _____ (Date)</p>						